

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN4702	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2011
NAME OF PROVIDER OR SUPPLIER  BRAKEBILL NURSING HOME INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 LYONS VIEW PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 853	<p>1200-8-6-.08(23) Building Standards</p> <p>(23) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure dirty areas were ventilated and at a negative air pressure. The findings include: Observation and interview with the Maintenance Director, on November 14, 2011 at 10:20 a.m. confirmed four (4) of four (4) laundry areas were not provided with an exhaust in the soiled linen area. Observation and interview with the Maintenance Director, on November 14, 2011 at 10:50 a.m. confirmed the wheelchair equipment room across from room 113 was used to charge equipment and had two (2) battery chargers</p>	N 853	<p>What corrective action will be accomplished that facility failed to have all dirty areas well ventilated with negative air pressure. Volunteer Mechanical was contacted on 11-15-2011 and work order given to have exhaust fans in all laundry rooms and equipment room on blue wing.</p> <p>How the facility will identify areas having the potential to be affected by the deficient practice. The facility will make sure that any new areas made for dirty use have negative pressure or exhaust.</p> <p>What measures will be put into place to ensure the deficient practice does not recur. The maintenance department will monitor all exhaust ventilation fans for proper working condition (see monitoring form, work orders and contract attached). Installation was completed on 11-22-2011.</p> <p>How the corrective action will be monitored to assure that deficient practice does not recur. The maintenance department will monitor and document weekly that negative pressure exhaust fans are working properly and maintenance supervisor will report working order in QI bi-annually times two, then yearly thereafter. QI team consists of Medical Director, DON, ADON, Nurse Chart Auditor, MDS Coordinators, Activity Director, Rehab Manager, Dietary Manager, Medical Records Director, Social Services, Housekeeping Supervisor and Maintenance Supervisor, and Consulting Pharmacist.</p>	11-22-11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

*Michael Blaine Wilkerson* TITLE *Assistant Administrator*  
*Administrator* (X6) DATE *11/30/11*

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If continuation sheet 1 of 1

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